

IA ETHICS AND  
CAMPAIGN DISCLOSURE PD.

2010 JAN 12 AM 11:42

Reset Form

FORM

(Rev. 07/03)

**DR-3**  
**NOTICE OF**  
**DISSOLUTION**

**For Office Use Only**

Comm. # 25079  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_  
Certified Date of Dissolution \_\_\_\_\_

## Notice of Dissolution

**Mail to:**  
IECDB  
510 East 12<sup>th</sup>, Suite 1A  
Des Moines, Iowa 50319

CITIZENS FOR QUALITY HEALTH CARE

Official Name of Committee

2311 10TH AVE. N.

Street

DENISON, IA 51442

City, State, Zip Code

(712) 263-3106

Area  
Code

Telephone

**WHEN TO FILE:**

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

*Virgil Johnson*

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-8-10

Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**

This form is not applicable to statutory political committees.